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OPHTHALMOLOGY.

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A GENERAL objection has been made to the schools of Paris, that although much diagnostic power may be there acquired, one is enfeebled in his practice. Without particularly noticing this sweeping application, we must make an exception as regards the diseases of the eye. Such undoubtedly is the conclusion of those, who have the pleasure of Professor Desmarres's instructions, who have beheld his unerring diagnosis, his bold decisive treatment and flattering successes.

An extensive practice having prevented this gentleman from completing the work, upon which he has been for some time engaged, many of his ingenious processes are of course hidden from those who have not had the good fortune to enjoy the public instruction of this leader in a new school of ophthalmology. For this reason, I offer a hasty sketch of some important processes, with the further desire of directing the attention of American surgeons to his promised work.

For years past, physicians have acknowledged the omnipotent sway of the German writers; but here their power is fast yielding, and newer, simpler doctrines guide the leader of the Parisian school. The nomenclature of the former is vanishing, and one rarely hears of the catarrhal, the scrofulous and rheumatismal ophthalmia, as the French adopt a simpler method, and designate the anatomical lesions as they appear. Where the German would tell you a catarrhal ophthalmia existed, here the eyelids are everted and the existence of a simple or granular conjunctivitis is demonstrated. The one speaks of a scrofulous ophthalmia, a depraved constitution, and wastes his time in a solely general treatment; the other shows a pustular inflammation, and treats a local disease, whilst at the same time he watches the impaired constitution of his patient. The French surgeon admits that inflammation, in strumous patients, may be modified by the diathesis, yet he will not grant the expediency of believing it to be dependent on that general constitution, and that the latter alone is to be regarded.

The German talks of a rheumatismal ophthalmia, bleeds his patient, and gives colchicum, because he sees an extraordinary injection of the sclerotics, whilst his wiser opponent merely observes a sympathetic engorgement of the sub-conjunctival cellular tissue. But in rejecting also the ideas of

a rheumatismal ophthalmia, it is not intended to say that there can be no such inflammation of the fibrous sclerotica ; he is far from advancing such a doctrine, and merely maintains, that if such occur, it is purely exceptional. He opposes this sweeping classification of the German school, and supports his objections by facts. The very infant in its cradle, in whose case we have no reason to suspect the existence of a rheumatismal tendency, affords him a means of combating this opinion ; for are not these injections seen in their cases, when there exists solely, as a cause, a keratitis, an iritis, or a pustular inflammation ? Upon what, then, does it depend ? The laws of the general system are perfectly applicable here, and the same sympathy, or inflammation by contiguity of tissue, must have its usual course. The membranes of the eye derive their vascularity from the same sources, and if the external are highly inflamed, this condition will be sympathetically propagated to the internal, and a relative excitement ensue. In like manner the course of the same process, being from the centre outwards, the same sympathetic injections are observed.

This sclerotic injection ; then, depends upon the excitement of vessels, which in the normal state are minute and convey but a small portion of blood, an excitation produced by an highly inflammatory state of contiguous membranes, and in the great majority of cases has no relation whatever to an original affection of the sclerotica itself. We conclude, therefore, that if the original inflammation be intense, a general revulsive action is indicated, and when its effect is felt the surgeon can resort to his local treatment with benefit and safety.

It is only necessary to follow the cliniques of the French professor, to see the perfect accuracy of his statements ; for example, we will examine one of the causes of this injection, and although it is the feeblest, because the rarest of all those indicated, still it will serve to prove the truth of the doctrines advanced. A patient is presented with an intense inflammation, a sclerotic injection, with all the signs leading to the German diagnosis of rheumatismal ophthalmia. On everting the eyelids, what do we observe ? Large granulations, conical, flattened, and often so far advanced as to take on partial ossification. Here then is the evil ; the friction of these upon the highly sensitive mucous membrane is productive of this deep-seated inflammation, this so called rheumatismal ophthalmia. What can general treatment here avail ? will venesection, will colchicum, will the whole armory of medicine, reduce a granulation, if applied to the general system ?

But suppose that there is a favorable change, and that the inflammation subsides, can we consider the affair as terminated ? The friction of these granulations on the cornea must take place continually, a keratitis is the result, opacity takes place, ulcerations follow, with perforation and proclivencia iridis, and in many cases the eye is irremediably lost. We have here considered a well-marked instance, but such undoubtedly will be the result unless the granulations are attacked in their velvety stage, when local applications can avail.

Persons unaccustomed to French practice, would consider it exceedingly barbarous to introduce powerful astringents under the conditions of

such intense inflammation; they would fear too violent reaction, and rush into the error of a too general treatment, although experience had demonstrated the comparative excellence of the two methods.

In France, there is but one counter-indication to the use of powerful astringents, the coëxistence of an inflammation of the internal membranes. Should an iritis, for instance, exist, recourse should be had to calomel in small doses, to dilatations of the pupil with belladonna, the application of leeches to the temples, and frictions with mercurial ointment about the orbit; and when this condition is overcome, the external disease may be treated with sulphate of copper. This astringent is not used as a collyrium in these cases, as a much more certain effect is obtained by its application in substance: the eyelids are first everted, and this is by far the most difficult part of the operation, for, simple as it may seem, no little tact and delicacy are requisite. The palpebral mucous membrane being thus well exposed, the surgeon passes his crayon of sulphate of copper over its surface, and if this should be the first examination, the application must be gentle, or the most intense pain will be occasioned. During the course of the day, the patient is counselled to bathe the eye with cold water, and make use of a feeble collyrium of borax, or sulph. alum. et potass. On examining the eye, next day, the amelioration is astonishing, and it is only necessary to repeat the cauterization; proceeding in this manner for a few days, the practitioner will find his rheumatismal ophthalmia totally disappear, and often without the assistance of venesection, and certainly without dosing with colchicum, unless he chooses to use it as an ordinary purgative. His only duty now, is to watch for the exciting cause, and if the granulations reappear, they are to be immediately repressed by the free use of the astringent.

The nitrate of silver has been much prescribed in the acute diseases of the eye, and perhaps as much abused; although, as an escharotic, it is of the utmost importance, and when we wish to change a secreting surface, as in purulent ophthalmia, it cannot be replaced. And should the surgeon be much annoyed with an external ophthalmia, which resists all treatment, the nitrate of silver may change its nature, by rendering it traumatic, and thus more tractable under general and local antiphlogistic measures. In cases, too, of diphtheritic formations upon the conjunctiva from purulent ophthalmia, the surgeon cannot dispense with this powerful agent.

Those persons who objected to cauterization with the sulphate of copper, the fear of too violent reaction, most assuredly forgot that there was greater reason to distrust the nitrate of silver, as a single application of the latter collyrium undoubtedly increases the excitement of the organ, and instead of an alterative would produce a decidedly pernicious effect. But its instillation should not stop here, nor should the practitioner be content with its application twice or thrice during the course of the day; the collyrium in the first place should be strong, and in the proportion of grs. x. to f ʒi. of water, and applied to the eye every half hour, *coup sur coup*, as indicated by M. Desmarres. Iced compresses are to be maintained during the intermediate intervals, and in the course of a few

hours there will result a sedative effect, a decided abortion of the inflammation. Useful as may be this remedy, still its dangers are so well known that the surgeon is unwilling to trust it in the hands of ignorant patients, who from a sensitiveness to pain, or forgetfulness, perhaps, may neglect the frequent instillations, and consequently produce, instead of an abortive effect, such re-action as to compromise all his efforts. Another objection may be opposed on the score of coquetry; to females of a certain position, the discoloration of the eyelids produced by the caustic, is sufficient to cause them to neglect a remedy which for a time thus impairs appearance.

For these reasons, the sulphate of copper in substance is preferred, as being milder, as being applicable by the surgeon himself, and regulated by his own judgment.

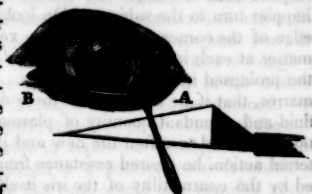
Another preparation is also frequently used, and is likewise applied in substance; this is composed of equal portions of the nitrates of silver and potash, moulded in crayons.

The acetate of lead is confined to the treatment of simple conjunctivitis; as it has been proved by cases in which ulceration of the cornea co-existed, that deposits of the metal were left in the wound, and an incurable opacity resulted.

In the use of all these astringents, it should be remembered that there is a scale in their application proportionate to the intensity of the inflammation for which they are prescribed; thus, purulent ophthalmia being the most intense of all, demands the use of the nitrate of silver in substance, whilst the others may be made to yield to cauterizations with the sulphate of copper.

Among the operative processes of M. Desmarres we will notice one, which is of exceeding simplicity, and has the effect of relieving a very annoying disease. The painful effects of trichiasis, or deviated ciliæ, as well as the inflammations and ulcerations of the cornea, which are so frequently its results, are perfectly well known. Perhaps more unavailing methods have been invented for this simple infirmity, than for most of the serious diseases of the eye; the extraction of the ciliæ is rendered null, by re-production; the process of burning the ciliary bulbs with red-hot pins, has led to erysipelas and deforming cicatrices of the palpebrum; the excision of a fold of integument has produced ectropion; in a word, all have failed. M. Desmarres introduces the points of a very fine double hook into the integument of the eyelid, entering about a line from the free edge of the tarsus, which is to be especially avoided by the instrument; the points are then to be brought out, just below where the ciliæ make their appearance at the edge of the lid. A small portion of the eyelid being thus commanded by the double hook, a cataract knife, or fine scalpel, is placed under it, just where the points first entered, and the surgeon cuts towards the free extremity, thus taking away the portion of integument held by the instrument. The most important part of the operation is to avoid wounding the tarsal cartilage with either instrument, in order to prevent any liability to ectropion from the injury. By this method, a small, oval portion of the integument at the base of the deviated ciliæ is

removed, and upon the cicatrix of this wound the cure is dependent. The next day, the deviated ciliæ are observed to approach the proper direction, and by the time cicatrization is perfect, they occupy their true position. The wound thus made is trifling, the scar is not perceptible ten days after the operation, and should there be more than one trichiasis on the same palpebrum, the operation may be instantly repeated, or at short intervals, so that the whole range of ciliæ may be placed in perfect order and with the greatest ease. The application of the double hook and the excision of the fold of integument, are seen at A of the figure, whilst B represents the wound caused by the operation.



Many cases of chronic photophobia in lymphatic patients, present themselves to the notice of surgeons, and every antiphlogistic measure in their power has failed to render the slightest benefit; in most instances it is dependent upon a sub-acute inflammation of the cornea; but be the cause what it may, the best treatment generally fails. The method of M. Desmarres is to apply the unguent of red precipitate, of which the following is the formula: R. Butyri col., ʒij .; binox. ruhr. hydrarg., camphoræ, āā grs. ij . M. These ingredients must be well triturated in the porphyry; a light orange color indicates the excellence of the trituration; but if it should present a darker tint, the ointment must be rejected as being too powerful. A portion of this, not exceeding the size of the smallest pea, is introduced between the eyelids morning and night, and by means of external frictions on the globe, well spread over the surface of the eye. An alterative, excitant effect is produced, and in a week cases which may have resisted all treatment for months, will yield to its action. The same unguent is now made to take the place of insufflations of calomel and sugar in indolent, or so called scrofulous ulcerations of the cornea, and likewise can be most advantageously employed in chronic granulations.

Hernia, or procidentia iridis, has most frequently baffled the surgeon, and the discovery of a new mode of treatment has the greatest importance in the ophthalmic art. The simplest physiological laws led M. Desmarres to his present mode of treatment, and the most flattering successes have crowned his efforts. The fundamental principle is derived from the old medical law of "ubi stimulus, ibi affluxus." A perforating ulcer of the cornea having taken place, a procidence of the iris immediately ensues, and if the reparative process goes on at all, it tends to throw out a plastic matter, so as to cause an adherence between the edges of the ulcer and the prolapsed iris, and thus prevent further hernia and a perfect destruction of the pupil. Each day, this plastic deposit increases in density, until a false membrane is formed, gluing the two together in such a manner that surgery can be of no avail, and that the pupil will be irreme-

diably lost or become exceedingly deformed. The question arises, can this adhesion be broken up; and the annals of surgery, hitherto, have responded in the negative; but fortunately this new process has given a happier turn to the subject. On looking at the lesion, we observe a cut edge of the cornea, and the minute vessels of this tissue throwing a plastic matter at each instant from their divided extremities, which tends to hold the prolapsed iris firmly to the parts. Now the idea occurred to M. Desmarres, that if he could excite these divided vessels to throw out a more fluid and abundant quantity of plasma, it would act as a local fomentation, and tend to soften the new and illy formed adhesions. To this external action, he desired assistance from within, and this was readily afforded by the contractility of the iris itself. With a crayon of the nitrate of silver, he touches the sclerotica at a short distance from the cornea, and as near as possible to the ulcer; this cauterization being a local stimulus, increases the vascularity of the part, and more plasma is thrown out, which fills the ulcerated cavity and bathes and softens the newly-formed adhesions. Next, he introduces between the lids an aqueous solution of belladonna, or applies the unguent along the course of the frontal nerve; in a short time, its reflected action is observed, the dilatation of the pupil takes place by degrees, the prolapsed iris is pulled upon, the soft adhesions yield, and, in a word, the hernia is reduced. Although so far fortunate, the duty of the surgeon has not yet ceased; should he yield his efforts for a moment, a new procidence might take place, or perhaps an adhesion of the iris to the cornea, or capsule of the lens. Let him then continue his instillations of belladonna incessantly, keeping the pupil dilated to the extent of his power, whilst he makes therapeutical applications to the perforating ulcer. He need not fear for the iris on account of the mydriasis he may produce, for the ulcer once being closed, it may be made to resume its normal position, by means of a simple external cauterization; this has the effect of stimulating the ciliary arteries, which coming from the recti muscles, plunge through the sclerotica to the iris, and from their excitation, a diminution of the pupil will result. The application of the aqueous solution of belladonna cannot be too much insisted upon, and it should be immediately resorted to, when there is the slightest tendency to perforation; and its instillation should not cease, until the process of cicatrization is so far advanced, as to prevent the slightest possibility of accident.

The method of Desmarres is also perfectly applicable to cases of traumatic procidence, and should be resorted to at the same time that we hasten to antiphlogistic measures. But in order that there may be the best chance of success, the surgeon must resort to the process immediately, or else the adhesions having followed the usual course of development of false membranes, may have become too firm. I have seen many applications of this highly ingenious method, at the cliniques of Desmarres, and have not in my notes a single instance of failure.

A few years since, one of the most fashionable operations in ophthalmic surgery was the division of muscles in cases of strabismus; yet the cutting zeal of the French surgeon of the present day has much dimin-

ished. It is true that the recti muscles are frequently divided, but the cases are well selected, and a more accurate diagnosis leads to much more favorable results; whereas it is well known that statistics were formerly unfavorable to this operation, on account of exophthalmos and other deformities arising from its hasty practice. The French surgeon now directs more of his attention to the education of the eye, and although a longer space of time is required for the accomplishment of his wishes, still, with a little patience, the most favorable results can be obtained. A common cause of strabismus is a central ephelion, or an albugo of the cornea, and the rays of light being unable to reach the visual portion of the retina, in right lines, the globe is turned in a position more favorable to vision. To cut the sinning rectus, in this case, would be a manifest absurdity; for if the eye were thus restored to its normal position, it could in no respect be subservient to vision, and would again, for the same reasons, be liable to deviation. He then acts upon the impaired cornea, by means of insufflations of calomel and sugar, or instillations, twice a-day, of the tincture of opium; when long-continued efforts have accelerated the usual course of the cicatrices, and the opacity is diminished, he commences his course of education. The healthy eye is closed by means of a bandage, and the patient is directed to exercise the other in every possible direction, watching its motions in a mirror. If this is patiently persevered in for some time, the normal position will be more permanently maintained, than by means of any operation, and the reasons are self evident.

In cases of amaurosis, where the strabismic eye is of no value in vision, and the operation is merely one of coquetry, the only objection which can be offered, is that possibly the deviation will recur. But the great difficulty in strabismus, is its differential diagnosis; for when there is paralysis of the 3d and 6th pairs of nerves, and the surgeon has not succeeded in proving its existence, it is evident, that all operation will be in vain. A paralysis of the 3d pair, which renders the superior and internal recti perfectly useless, destroys the equipoise of action between these and the external rectus, the result being a divergent strabismus with the eye thrown downwards. So a paralysis of the 6th pair, destroying the action of the external rectus, throws the eye, for a similar reason, towards the greater angle, and thus forms a convergent strabismus. In both these cases, it is evident that the division of the muscle upon which the strabismus seems dependent, must be perfectly useless, and a cause of unnecessary pain to the patient.

When, however, the surgeon is convinced that the operation is clearly indicated, and the deviation is not very great, the following simple method of Taylor is adopted. Taking, for instance, the case of a slight convergent strabismus, he seizes, with a pair of fine forceps, a fold of the conjunctiva within the external angle, and excises it with his scissors; when the internodular tissue of the cixatrix is formed, the eye is drawn upon by its gradual contraction, and by degrees assumes its normal position. Should the deviation, however, be so great, as to render this simple mode unavailing, he resorts to the division of the muscle. With his fine forceps he

seizes a fold of the conjunctiva near the insertion of the muscle, and after having lifted this up from the globe with a pair of fine scissors, he makes an incision in it of five or six lines in length, so as fairly to display the insertion of the tendon. A fine blunt hook is then passed between the sclerotica and the tendon, and when the surgeon is convinced that he commands the whole muscle, he divides the fibres with his scissors—thus reducing the operation to its simplest terms. There are, however, two rules in this operation which are not generally known, and they should be strongly insisted upon, as their neglect may compromise the results. 1st. If the globe of the eye is large, and prominent, the muscle must be cut as far *forward* as possible, and *exactly* at the point of insertion upon the sclerotica. Should this rule be neglected, the muscle retracts and takes a new insertion behind the vertical diameter of the globe, and, according to a simple mechanical law, its action will be greatly diminished. Moreover, if the operation has been badly performed on the superior rectus, for instance, and its line of action is changed by a posterior insertion, the action of its opponent will not be counterbalanced, and a deviation in an inferior direction must result. 2d. If the eye is small and sunk in the orbit, cut the muscle at some distance behind the point indicated in the first rule and for similar reasons. In this manner the subject of strabismus is simplified, and all its secrets may be conveyed in two or three paragraphs.

To many practitioners, atresia of the pupil seems an almost insurmountable difficulty, and, fearful of an internal inflammation and its propagation to the membranes of the brain, they are unwilling to lacerate the sensitive iris, and thus leave the patient to his fate, without a hope. In the remedy of this condition, by the formation of an artificial pupil, the Parisian surgeon is unrivalled, and his successes are truly wonderful. The chief principle of French surgery, or of reducing every operation to its simplest terms, has been capitally applied to this process, and the delicate formation of an artificial pupil can no longer baffle the physician. The instruments required are but two, a pair of fine forceps, a lancet, or, for convenience sake, a lanceolar knife. The process most admired here, is the one chiefly employed by M. Desmarres, or that of *excision*; but in order to perform this, the atresia should not be perfect, there must be a small lacuna in the iris, so as to permit the use of the forceps. Having decided as to the position of his pupil, so that there may be convergence of the visual rays, the small aperture is dilated as much as possible with belladonna, and the surgeon proceeds to enter the anterior chamber of the eye. The great modification of Desmarres is to prevent a keratitis by avoiding the cornea, and placing the point of his instrument just behind its fusion with the sclerotica, he passes it beneath the cornea and perfectly parallel with the plane of the iris, taking every precaution to avoid wounding either tissue. The knife cutting on both edges is thus passed gently into the anterior chamber for two or three lines, and then as carefully withdrawn, enlarging the orifice, but with every precaution to prevent the escape of the aqueous humor.

The first time is thus accomplished with facility, but the second is the

most important and demands every precaution; the fine forceps are closed and introduced by means of the aperture thus made in the anterior chamber, passing gently in front of the iris, until they reach the lacuna, at its pupillar edge. Being allowed to expand and then compressed, a portion of the iris is seized between their teeth, and this the surgeon carefully withdraws through the wound in the sclerotica and excises with a pair of scissors previously prepared, thus completing his operation. In the second time, the greatest care should be exercised, that the points of the forceps be not too much depressed, else the capsule might be seized with the iris, and a capsular cataract appearing shortly after, the most perfect artificial pupil would be rendered useless. Should an ephæma result from the bleeding of the incised vessels of the cornea and sclerotica, the operator can elevate the corneal flap and evacuate the blood with a small spatula; but generally absorption is sufficiently active to render this assistance unnecessary. The case needs but little after treatment, perhaps a few purgatives, iced compresses, and possibly a v. s. of precaution. The rival operation, by "decollement," or tearing away the iris from the ciliary ligaments, is in nineteen out of twenty cases perfectly unnecessary, as the existence of the slightest pupillar opening should induce the operator to resort to *excision*. The decollement is also more difficult, and presents much less certainty in its results, from the fact that the puncture to enter the anterior chamber must be made generally in the centre of the cornea, and if a traumatic keratitis ensue, there is no certain hope of saving the eye from a disorganizing inflammation.

In the case of depression for cataract, some modifications have also been lately made, which have a great effect upon the certainty of the operation. Having observed the unpleasant results of punctured when compared with those of incised wounds, M. Desmarres made an application of this rule to the operation by depression. Very frequently, in irritable constitutions, a puncture of the sclerotica with the couching needle, is followed by intense inflammation, an abscess of the eye ensues, the meninges of the brain, by continuity of tissue, are inflamed, and in some cases the patients have succumbed. These results can be avoided by adopting the incision of the sclerotica with a lancet or lanceolar knife, instead of the puncture with the needle. The place of election is below the antero-posterior diameter of the globe, and beneath the course of the external rectus, muscle in order to avoid wounding the ciliary arteries, which enter the eye from these muscles; a neglect of this precaution will cause an effusion of blood into the posterior chamber, and probably in too great quantity to be eliminated by the process of absorption. It is also requisite to enter the knife behind the insertion of the iris, to prevent its being wounded, and the complication of a consequent inflammation. At the point thus indicated, the knife is plunged for two or three lines in depth into the eye, and then carefully withdrawn, so as to prevent the escape of the aqueous humor in too great quantity; a common silver probe may then be made to take its place, and with this simple instrument M. Desmarres proceeds to the depression of the cataract, precisely as in the use of the ordinary needle. The

ordinary treatment follows, and, generally, the patients are free from after suffering; but if there should be signs of inflammation, violent pains and an agonizing sense of distension, it is only necessary to open the lips of the wound, and upon the evacuation of the aqueous humor, every unpleasant symptom will disappear. The surgeon need not be fearful of cutting through the ciliary body, or be alarmed at the apparent perfect collapse of the eye, as a few hours will suffice for the perfect re-secretion of the aqueous humor, and in some instances to such a degree as to give rise to the unpleasant sense of distension already mentioned. At the first glance, one would feel unwilling to proceed to the paracentesis of the eye in such a summary manner; but the most ample experience has now demonstrated that there is no more danger in such an operation, than if it were practised upon the abdomen, in a case of ordinary ascites.

The utmost importance ought to be attached to this method, and every surgeon should be most seriously counselled to proceed instantly to paracentesis, when, after an ordinary operation by depression, he sees the commencement of the unfortunate condition just described; he will thus give his patient rest, he removes the distension, and averts a fearful inflammation. Nor should he doubt the excellence of the process, if, after the opening has been made, there should be a recurrence of the same symptoms; he must separate the lips of the wound again, and in all probability the third dilatation will suffice. The only point which must be insisted upon, is that the surgeon be careful to avoid the hyaloid body in his paracentesis; and although the evacuation of half the vitreous humor is not a discouraging circumstance, a loss of a greater quantity may lead to an irremediable collapse of the organ.

Simple and beautiful as is this depression, there is still another method of operating in cataract, of which M. Desmarres has much more reason to be proud; he has succeeded in producing an absorption of the lens, whilst in its normal position, and without the slightest derangement of its relations. There are some cases of cataract in which the lens is tolerably soft, and yet the surgeon dare not operate without fear of the perfect loss of the eye, as depression is prevented by its adhesions to the iris, and a chronic iritis, an internal inflammation, or softening of the vitreous humor, forbid a resort to extraction. The lens must, however, be destroyed in these cases, as it is here a foreign body, and by fomenting the internal inflammation, increases the amaurotic condition of the retina and proportionably diminishes the hope of a successful operation. He therefore incises the sclerotica as described in a previous paragraph, and then introduces the fine hook of Reisinger through the wound; with this instrument he scratches upon the lens, in order to make a small opening in the capsule. Eight days after this first operation, he performs the paracentesis of the eye, through the original wound, and upon this he thinks the rapid absorption is greatly dependent, as the evacuation of the aqueous humor has a great effect in softening and hastening the deposition of the foreign substance. In forty days, the absorption is so far advanced that the patient begins to recover the use of the organ.

I have seen this interesting and original operation performed in two

cases, during the last few months, and with perfect success ; one patient recovered his vision after forty days, and in the second, who from amaurosis and cataract had been blind for thirteen years, the lacuna was so perfect at the end of sixty-one, that she was able to read letters half an inch in height, without the assistance of glasses. The process of absorption being slow in the latter case, and as there existed false membranes in a portion of the pupil, M. Desmarres proceeded to the formation of an artificial pupil with his usual success. The patients now have the usual sight of those operated upon for cataract by the other methods.

The resisting power of the sclerotica is very different in various persons affected with a chronic internal inflammation of the eye ; and in some, we find this membrane perfectly firm, whilst in others a dark bluish tint denotes the yielding of its fibres to the pressure from within. When there is an internal inflammation, and the sclerotica has the greatest resisting power, the presence of the increased secretion caused by the disease, has its effect upon the retina, and an amaurosis by compression is gradually produced ; but in those instances, where the blue tint of the sclerotica designates the yielding of its fibres, these symptoms are seldom if ever seen. M. Desmarres then makes a theoretical application of the paracentesis of the eye in the first cases, in order to evacuate the cause of compression, and at the same time to have an effect upon the condition of chronic internal inflammation. He has waited for further experiences upon this subject, to give the greatest confirmation to his theory, and when these are complete, they will be presented to the medical world.

Under the head of Sclerotomy, we can place the mode of operating for ancient capsular cataracts, as the same incision is requisite ; in these cases, the lens is generally absorbed, and the two layers of capsule are approximated, and most probably there is but little adhesion to the iris. A fine pair of forceps are passed through the wound in the sclerotica, and guided behind the iris, until these points are seen in the field of the pupil ; it is then necessary to seize the opaque curtain firmly, and by gentle torsion and traction, bring it slowly through the same aperture. The same operation may be practised in cases of bridges of false membrane, crossing the field of vision.

Although there is no objection to sclerotomy and paracentesis of the eye as just indicated, and although it is well proved that the organ is by no means so delicate as generally imagined, still there are some cases in which a puncture of its intrinsic membranes should be especially avoided. In cases of hypopion, the affair is quite different, when pus is well formed in the anterior chamber, and wounding the eye by an attempt at evacuation may lead to an abscess and loss of the organ. A general and local antiphlogistic treatment, the proper use of calomel and mercurial ointment, are generally sufficient to produce absorption, but if these means are unavailing in lymphatic or feeble patients, the practitioner can resort to a tonic course, with the greatest benefit. In the hands of M. Desmarres, I have seen an infusion of polygala senega ʒ j. to Oj. given in f ʒ ij. doses several times a-day, have the most remarkable effect in these cases. It

is a new application of a method long since practised at the Hotel Dieu, for ancient pleuritic effusions, which could not be absorbed by other means.

Passing to the retina, we will notice the treatment of amaurosis dependent upon torpidity. If this disease has not advanced too far, M. Desmarres is accustomed to make use of a new preparation of strychnine. He saturates a quantity of lactic acid with this alkali, and then, with the point of a lancet, introduces a small portion under the skin, along the course of the frontal nerve; he commences with five or six punctures the first day, and increases by two every second. Should the unpleasant symptoms of the remedy appear, he ceases for a time, and prescribes a purgative course. Another reflective excitatory action is produced with the ammoniacal unguent (of about the same strength as Granville's lotion) applied frequently along the course of the same nerve, but with the greatest care, to avoid vesication.

A short time since, it was truly astonishing to behold the method of dressing the eye after the operation for cataract; the bandages and compresses were entirely too numerous, and had no other effect than that of promoting any tendency to inflammation which might already exist. Instead of thus exciting and compressing the eye, the French surgeon merely uses a few strips of court plaster, which are placed in such a manner as to hold the lids firmly in an appropriate position; over these can be placed iced compresses, if they are indicated, and thus the operator has more command of his organ.

The idea has also been rejected that it is dangerous to open the lids before several days have elapsed; for in that time, inflammation may have gone so far, as to render surgical assistance perfectly unavailing. It only requires a little care in the removal of the strips of plaster, and then a slight traction on the lid, without the slightest compression of the globe, will effect the purpose, without any danger whatever.

Paris, April 12, 1846.

TREATMENT OF MANIA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Although I have been engaged in the practice of physic for nearly forty years, yet I have never been accustomed to write on medical subjects, and now offer you, for publication in the Journal, my first essay on one of those subjects, viz., mania. Many years ago, when I resided in Newfane, Vt., I was called to a female, in Brattleboro', who had been in a state of furious delirium for four days. She was attended by two physicians, who had treated her with what are called nervines, without making upon the disease any favorable impression. I tarried through the night and administered calomel and tartrate of antimony, until, with the aid of stimulating injections, the stomach and bowels were freely evacuated, when the delirium entirely ceased, and the patient, by morning, was calm and rational. Last Friday (May 1st), I was called to a similar case, in

Colerain. The patient had been healthy through life, until the attack of the present disease. She was married about a year ago, at the age of 32, and was confined with her first child on the morning of Thursday, the day previous to my visit. The family and friends had noticed a degree of strangeness, in her conversation and conduct, for a considerable time, but particularly for about ten days, which had increased so much that, at the time of her delivery, she was quite in a raving state. At the birth of the placenta, there was no hemorrhage, and no lochial discharge ensued. The delirium increased, and with short remissions, admitting of no rest; was incessant and furious up to the time of my visit, which was about 3 o'clock, P. M. She was constantly screaming "Fire! fire! we are all burning up! fire! murder! the house is all on fire!" At the same time she was wringing her hands, thrusting her fingers into her ears, and making many kinds of agonizing gesticulations, indicative of the extremest distress. She had been bled, from the arm, to the amount of a pint, and had taken spirits of lavender and of nitre, a little, and a preparation of fetid gum; but she could not be made to swallow much of anything. There was so much jactitation of the patient, that I could not well ascertain the state of the pulse, nor the appearance of the tongue; but could see that the tongue was furred. The eyes could not be examined so as to afford any satisfaction, but there appeared to be considerable intolerance of light. The bowels were constipated, and the urine passed involuntarily. Eight or ten grains of calomel, with about six of ipecac., were, with much difficulty, administered; and, in half an hour, a solution of tartrate of antimony; and this last repeated every fifteen minutes, for a few times, till vomiting ensued. The stomach, in this way, was thoroughly evacuated, but with very little effect upon the delirium. The head of the patient was now drawn over the side of the bed, and a pitcher of water poured upon it. This, for a short time, evidently made a favorable impression, and was frequently repeated in greater quantity, afterwards. When the vomiting had ceased, an attempt was made to get down about sixteen grains of calomel; but probably not more than ten grains were swallowed. In two or three hours after the calomel, two drops of croton oil in a spoonful of castor oil were given, and the same quantity after the lapse of two hours more. Attempts were made, but without success, to administer an injection. In two hours after the last dose, about ten grains more of calomel were swallowed, and in two hours more, three drops of croton with castor oil. After this, ten or twelve grains of aloes were got down, and a little infusion of senna. One small discharge from the bowels was procured by these means, before day-light, followed by a very copious one two or three hours afterwards. It was evident that the delirium had been slowly subsiding for several hours before the second operation of the physic, and soon after this the patient began to recognize her friends, called for her child, talked rationally, soon fell into a sound sleep, and was left in a composed and comfortable state, by the writer, at about 8 o'clock, A. M. on Saturday.

Nothing has been heard from the patient since, and the relief may have proved but temporary; yet, even in that case, enough transpired to

demonstrate, in my judgment, the propriety of the course pursued, with a view effectually to clear the alimentary canal. Perhaps this should be the first object, in most cases of encephalitis, as well as of convulsive and spasmodic diseases, rather than any direct attempt to allay irritation or assuage pain, by the exhibition of anodynes, narcotics, nervines, or even by venesection. At any rate, the writer's experience would lead him to say to physicians, especially to the younger portion of them, look to it, first of all, that the natural excretions be duly regulated.

Bernardstown, Mass., May 4, 1846.

JOHN BROOKS.

P. S.—I forgot to state that, on the operation of the physic, there was some appearance of the lochial discharge, and that calomel and aloes were left to keep up the evacuations to a sufficient extent. J. B.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 13, 1846.

National Medical Convention.—The delegates to this Convention met at the Medical College of the University of New York on Tuesday of last week. At the preliminary organization, Dr. Bell, of Philadelphia, was Chairman, and Dr. Buel, of New York, Secretary. The committee appointed to examine the credentials of the delegates, reported that all accredited delegates from any regularly organized society, local and voluntary associations as well as regular colleges, institutions and societies, be considered members of the convention, which report was accepted. Sixteen States were found to be represented (by delegates from State or other societies), and a committee of one from each State was appointed to nominate officers of the Convention, who presented the following nominations, which were unanimously confirmed, viz.: For President, Dr. J. Knight, of New Haven, Conn.; for Vice Presidents, Dr. Edward Delafield, of New York City, and Dr. John Bell, of Philadelphia; for Secretaries, Dr. Arnold, of Savannah, Geo., and Dr. Stille, of Philadelphia. Dr. G. S. Bedford, representing the University of New York, then moved that whereas the original object of the Convention, that of a *National* representation, for the good of the profession, had been defeated by the non-representation of many of the States, and most of the Medical Colleges and Societies, the Convention adjourn, *sine die*. This motion was seconded by Dr. Paterson, also of the New York University. The vote was taken individually, and not by States, and was decided by yeas, 2; nays, 74. On account of this motion, Dr. Clymer, of Philadelphia, moved that the future sittings of the Convention be held elsewhere than at the University College; and another member proposed an amendment, that an adjournment immediately be made to the College of Physicians and Surgeons. Drs. Bedford and Paterson disclaimed all intention of opposing the Convention, and it was decided that Dr. Clymer's motion be laid on the table. A committee of nine was appointed to bring the subject of

Medical Education before the Convention, consisting of Drs. Davis, March, Hayes, Walter, Bush, Bell, Haxhall, and the President.

The accredited delegates present on Tuesday were from the following institutions:—Vermont—Castleton Medical College, Vermont Medical College; N. Hampshire—Centre District Medical Society; Connecticut—State Medical Society and Medical Institution of Yale College; New York—State Medical Society, Medical Society of City and County, Bloomingdale Asylum, College of Physicians and Surgeons, King's Co. Medical Society, University of the City of N. York, Buffalo Medical Association, Erie Co. Medical Society, Albany Medical College, Geneva Co. Medical Society, Geneva Medical College, Madison County Medical Society, New York Hospital; Pennsylvania—Philadelphia Medical Society, Pennsylvania College; New Jersey—private individuals; Delaware—State Medical Society, Medical Association of Wilmington; Maryland—Medical College of Baltimore; Virginia—State Medical Society; Georgia—State Medical Society; Mississippi—State Medical Society; Indiana—La Porte University; Illinois—Medical Department of Illinois College; Tennessee—State Medical Society; Rhode Island—State Medical Society. And on Wednesday, the State Medical Societies of Vermont and Missouri were represented, also the Lunatic Asylum of Hudson and the New York Lunatic Asylum.

The following resolutions were presented on Wednesday by Dr. Davis, of the Committee on Medical Education, and after discussion were unanimously adopted:—

" *Whereas* it has been shown by experience that the association of persons engaged in the same pursuit, facilitates the attainment of their common objects; therefore,

" 1st. *Resolved*, that it is expedient for the Medical Profession of the United States, to institute a *National Medical Association*, for the protection of their interests, for the maintenance of their honor and respectability, for the advancement of their knowledge, and the extension of their usefulness.

" 2d. *Resolved*, that a Committee of seven be appointed to report a plan of organization for such an association, at the meeting to be held in Philadelphia, on the first Wednesday in May, 1847.

" 3d. *Resolved*, that a Committee of seven be appointed to prepare and issue an Address to the different regularly organized Medical Societies, and chartered Medical Schools, in the United States, setting forth the objects of the National Medical Association, and inviting them to send delegates to a Convention, to be held in Philadelphia on the first Wednesday in May, 1847.

" 4th. *Resolved*, that it is desirable that a uniform and elevated standard of requirements for the degree of 'M.D.' should be adopted by all the Medical Schools in the United States, and that a Committee of seven be appointed to report on this subject, at the meeting to be held in Philadelphia, on the first Wednesday in May, 1847.

" 5th. *Resolved*, that it is desirable that young men, before being received as students of medicine, should have acquired a suitable preliminary education, and that a Committee of seven be appointed to report on the standard of acquirements, which should be exacted of such young men, and to report at the meeting, to be held on the first Wednesday in May, 1847.

"6th. *Resolved*, that it is expedient that the Medical Profession in the United States should be governed by the same code of Medical Ethics, and that a Committee of seven be appointed to report a code for that purpose, at the meeting to be held in Philadelphia, on the first Wednesday in May, 1847."

Dr. O. S. Bartles, of New York, offered the following resolution, which after considerable discussion was referred to a committee of seven, by a vote of 58 to 23.

"*Resolved*, That the union of the business of teaching and licensing, in the same hands, is wrong in principle, and liable to great abuse in practice. Instead of conferring the right to license on medical colleges, and State and county medical societies, it should be restricted to one board, in such State, composed, in fair proportion, of representatives from the medical colleges, and the profession at large, and the pay for whose services, as examiners, should, in no degree, depend on the number licensed by them."

The Chairman announced the various committees on Dr. Davis's resolutions—as follows:—

"On the Organization of the National Medical Institution"—Drs. J. Watson, Stearns, Campbell Stewart, Stille, Davis, Cogswell, Fenner.

"On the Address"—Drs. Knight, Ives, Dow, Sumner, McNaughton, Blatchford, Boswell, Baxley.

"On the Requirements for a Degree"—Drs. Haxhall, Cullen, Paterson (Va.), Norris, Flint, Perkins, Wing.

"On Preliminary Education"—Drs. Cowper, Bush, Thompson (Del.), March, Atlee, Brainard, Mead.

The closing business of the session, on Wednesday, as we gather from the New York papers, was as follows:—

Dr. Thompson's resolution of thanks to the Colleges, for the offer of their rooms for the Convention, was taken from the table and adopted. A member moved a resolution to call on the different medical societies, in the different States, to report the births, marriages and deaths in their several States. Carried.—A vote of thanks was then proposed to the officers of the Convention, for the manner in which they had discharged their duties. Carried unanimously.—A vote providing for the publication of the proceedings of the Convention, in pamphlet form, was then offered, and adopted.—A resolution was passed, providing for the arrangement of a system of nomenclature of diseases, with reference to the registration of deaths.—An invitation from Dr. Delafield (V. P.) to the members of the Convention, to visit him at his house to-morrow (Thursday) evening, was accepted, with thanks, and unanimously.—Dr. Bell (V. P.) moved that this Convention approve the designs and publication of the Sydenham (publishing) Society, in England. Adopted.—Dr. Cogswell offered a vote of thanks to the chairman for the manner in which he had discharged the duties of his office. Adopted.—Prof. Knight (P.) briefly returned his acknowledgments.—And the Convention then adjourned, *sine die*.

Entomology.—Messrs. Lea & Blanchard have brought out a finished edition, enlarged and corrected, of that delightful work, by Kirby and Spence, on the Natural History of Insects. In England this work has

passed through six editions. Such a treatise is not essential to a medical student, but it is one of those excellent productions which enlarge the sphere of knowledge, by illustrating the economy of nature, and therefore is eminently calculated to improve the mind. Physicians may be philosophers as well as practitioners. We have noticed that those who know nothing of the universe which surrounds them but the details of the profession of medicine, deprive themselves of a vast amount of intellectual enjoyment which the fair creation offers for their acceptance. We are staunch advocates for that system of reading which embraces the whole range of human thought, and although students should first become familiar with the doctrines on which a rational practice is founded, there is no apology to be made to society, for not being familiar with the various departments of general literature and the elements of the natural sciences. This valuable publication may be found in Boston at Messrs. Ticknor & Co.'s.

Railroad Surgery.—On Saturday, May 2d, while the cars for New York were speeding it over the Providence Railroad with exceeding rapidity, a tall, stalworth fellow, who wished to stop at a particular place, made a leap, *sans ceremonie*, from the platform to the ground. The train was very soon brought to a stand-still, and the passengers rushed out, *en masse*, to the spot where the man fell. On examination—the profession being bountifully represented on the occasion—it was found that the only injury he had sustained was a dislocation of the left shoulder. Dr. Gage, of Concord, and Dr. Tenney, of Loudon, N. H., as assistant, with the aid of a few spectators, quickly reduced the luxation, and the patient walked off one way, while the cars ran the other. Being present, we can bear testimony to the cool, skilful manner of Dr. Gage, as an operator.

University of Missouri.—A catalogue of the Faculty of the Medical Department, for the present season, shows that ninety-two students were matriculated for the late course of lectures. Twenty-nine were admitted to the degree of doctor of medicine. Dr. Augustus R. Knapp, of Jerseyville, received an honorary degree. The Medical School of Kemper College, since the issuing of the last circular, has become the Medical Department of the University of the State of Missouri. There is a strong faculty, combining tact, energy and experience, so that the success of the institution can hardly be questioned.

St. Louis is a charming city, as we can testify from personal observation, and must become a great central depot for literature and science, in the progress of time, as it already is for mercantile activity, and a thrift that bears a striking resemblance to that of New England.

Diseases of the Eye.—Readers are particularly directed to the article on Ophthalmology, in this day's Journal, by Dr. Stone, which came by the last steamer. He is gathering up treasures in the treatment of diseases of the eye, to be dispensed in his own favored country. Further communications are anticipated from the same desirable source.

Judicial Period of Gestation.—Medical matters seem to be decided by judges and jurymen, in Pennsylvania, without much regard to authority, to

say the least. In Vol. XXXIII. of this Journal a case is reported in which a verdict was given in favor of the existence of pregnancy 317 days. The following is a similar case, and is taken from a New York paper.

"The medical and legal professions will be gratified to find that a judicial decision has been made at Lancaster, Penn., which settles a long-mooted point in both professions. The case was a trial in which the prosecutrix, who charged the defendant with being the father of her illegitimate child, testified that the last time he was in her company was on the 22d day of March, 1845, and that the child was born on the 30th of January, 1846, both the mother and child being in a healthy condition. Many authorities were read upon the period of gestation; and thirteen able doctors testified to the same point; a majority of them denied that the period ever extended more than a few days beyond nine calendar months, or two hundred and seventy-three days; excepting from some unnatural cause, as malformation, &c. The judge charged the jury, as a matter of law, that the unusual length of time (forty days beyond the ordinary period) was no obstacle to the conviction of the defendant, and he was accordingly convicted. A medical spectator, remarking upon the case, in the Union and Sentinel, says: 'This is an important case, being the first time in America, where, by judicial decision, it has been established that gestation may be protracted to three hundred and thirteen days in a perfectly natural case, ending in a safe and natural birth.'"

Losses by Mail.—Within a short time the discovery has been made that various business letters addressed to the editor of this Journal, by some singular fatality have not come to hand. After thorough examination, having had frequent interviews with the proper officer in the Boston Office, we are inclined to believe that a rogue has had access to the box in which the editor's letters and packages are placed. In consequence of this conclusion, the box is now changed, and no second person, under any circumstances, is permitted to take out our letters. Several instances have come to our knowledge in which letters containing money in payment for the Journal were directed to the editor instead of the publisher, and have shared the same fate. How many letters have thus failed to reach us, we have no means of knowing. Our confidence in the integrity of the Post Office, however, as a department, is unshaken. There has been roguery somewhere, which the agent of the Government may yet succeed in detecting. Whatever is directed to the Boston Medical and Surgical Journal, either with or without the publisher's name, is placed in a safe box, in the Post Office, to which no one goes but himself, and from which nothing has been missed. Letters or packages addressed exclusively to the editor are put into his private box, which we consider now as also perfectly safe. Letters relating to the business of the Journal should in all cases be directed to the publisher, according to the directions which are every week printed on the last page of the Journal. Besides all these arrangements for security, as a business process a daily cash account is kept of money received by the editor, its source and object, and the letters filed. Fearing that many correspondents may be laboring under the impression that their favors are indifferently received or wholly neglected, since the extent of the evil is past finding out, this statement is made, with the assurance that at the Boston Post Office no further loss will occur under our present careful system of vigilance.

P. S.—Since writing the above, a person has been arrested, who confesses that he has opened letters which he took from the editor's box. We now entertain a hope of ascertaining the extent of the injury we have been made to suffer, as well as preventing its recurrence.

Rising Medical Talent in Western Africa.—In one of Dr. Lugenbeel's recent despatches to the American Colonization Society, dated at Monrovia, February 10th, he thus speaks of two of his pupils:—"Perhaps it may appear a little like egotism for me to praise my own students, but I think I may truly say, that Mr. James S. Smith possesses more remarkable talents for the practice of medicine, than any other young man whom I ever knew. His judgment is uncommonly good, and he is very studious, observant and attentive. Mr. Roberts, however, will make the better surgeon. He has already performed several important surgical operations. Only a few days ago, I saw him amputate the leg of a man, who had received a gun-shot wound in the calf. He performed every part of the operation himself—took the limb off about four inches below the knee; and I do not hesitate to assert, that I believe an amputation was never before more neatly performed in Liberia.

"Nearly all the late immigrants have been, more or less, sick; some very sick, and a few of them are still complaining. Six, in all, have died; one of whom was a very aged woman, and one a young unmarried female, who obstinately refused to eat or drink anything, or to take any medicine, in consequence of mortification and chagrin, produced by the development of her unfortunate situation—in plain language, an abortion. One of the other four was a man, who might have lived if he had not resolved to die."

Castleton Medical College.—We understand that Dr. Samuel Parkman of this city, who has for several years past occupied the chair of Descriptive and Surgical Anatomy in the Castleton School, has resigned. A successor has not yet been appointed.

Medical Miscellany.—On the *post-mortem* examination of a man in Maryland, a pistol ball was detected in the substance of the brain, which had been there three weeks—yet he had been rational most of the time before death.—Dr. Alexander Edson, of Vt., brother to the once famous living skeleton, Calvin Edson, who weighed 125 pounds at 18 years of age, now, at 42, weighs only 50 pounds. Calvin, before his death, weighed but 45 pounds. The doctor is in good health.—Mr. Blaisdell, a mechanical dentist, assistant of Dr. Ball, Boston, has recently completed a specimen of his ingenuity, in the construction of a full set of artificial teeth of extraordinary beauty.—Smallpox is again on the increase at Philadelphia.

ERRATUM.—On page 280 of the last No. of the Journal, four lines from the bottom, the sentence—"the more important the cause," &c., should read, "the more impotent the cause, the more potent the effect."

Report of Deaths in Boston—for the week ending May 9th, 66.—Males, 34, females, 39. Stillborn, 9. Of consumption, 8—smallpox, 2—measles, 14—old age, 2—lung fever, 2—accidental, 1—erysipelas, 1—scarlet fever, 6—infantile, 6—inflammation of the lungs, 2—disease of the brain, 1—dropsy of the brain, 5—childbed, 1—convulsions, 1—debility, 1—marasmus, 2—typhus fever, 1—hooping cough, 1—dropsy, 1—croup, 1—inflammation of the brain, 2—sudden, 1—cancer, 1—teething, 1.

Under 5 years, 40—between 5 and 20 years, 6—between 20 and 40 years, 11—between 40 and 60 years, 2—over 60 years, 7.

A Case of Ileus relieved by Tobacco. By T. W. FRY, M.D., of Crawfordsville, Ind.—Mrs. Winters, 69 years of age, suffered from a severe attack of intermittent fever last fall, and continued delicate and feeble through the winter. On the 16th of March she was seized with symptoms of colic, accompanied by constant efforts at vomiting. A portion of tinct. opii and sulph. ether gave but temporary relief. On the morning of the 17th vomiting returned, and some bilious matter was thrown up; an emetic of ipecacuanha was now ordered, which relieved the stomach of a large quantity of bile. The sickness and pain having subsided to some extent, cathartic medicines, followed by saline mixtures, were had recourse to, but without any good effect. The pain returning with greater violence, the bowels becoming more swollen, accompanied by copious and frequent discharges of feculent matter from the mouth, now indicated more clearly the nature of the difficulty; and as all medicine taken into the stomach for the purpose of acting on the bowels only increased the sickness, pain, and vomiting, reliance was placed entirely upon opiates and injections. Tinct. opii thirty drops was given, followed in fifteen minutes by one-fourth of a grain of sulph. morphine; injections of salt water and castor oil frequently repeated, were immediately expelled without producing any action on the bowels, except one small discharge of opaque mucus. An injection of tobacco was now given with the same result. The bowels seeming incapable of retaining fluid matter, a suppository, made in the following manner, was introduced into the rectum: a drachm of strong tobacco steeped in a gill of hot water, was added to two tablespoonfuls of sugar, and boiled to the consistence of wax. This was retained several hours, and the patient began to feel an inclination to stool; another injection was administered, which came away with a copious discharge from the bowels, and entire relief to the patient.

The discharge of feculent matter by the mouth, which continued up to the time of the introduction of the suppository, now ceased, and the patient, although prostrated to an alarming extent, her constitution being much impaired by age, recovered with great rapidity. Counter-irritation on the abdomen was kept up during the whole course of the disease by means of hot salt and mustard alternately applied.—*Western Journal of Medicine and Surgery.*

On the Employment of Phosphate of Ammonia. By C. VOIGT, M.D.—In a trial made under my observation with this article, in the dose of only about three grains, a series of alarming and highly irritative symptoms was induced. In about an hour after its introduction into the stomach, the patient was attacked by a sense of tightness in the præcordia and around the chest; nausea; thirst; a hard, small, frequent pulse; and a collapsed state of the circulation. These disturbances were followed by fulness and tension in the head; heaviness in the limbs; and an unsteady tottering gait. The case seeming likely to become serious if unrelieved, was treated by a moderate bloodletting, a dose of senna and salts, and mucilaginous drink; which had the effect of affording relief, though some degree of gastric irritation remained for some hours subsequently. The first action of the medicine in this instance appeared to be violently irritating on the stomach. I had good reason to suppose that the preparation employed was pure.—*Medical Examiner.*